



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MEMORIAL HOSPITAL AND HEALTH CARE CENTER

City of Hospital: Jasper

Year Begin: 07/01/2018 (mm/dd/yyyy format)

Year End: 06/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Michelle Cave

Email Address: mcave@mhhcc.org

Medicare Provider Number: 15-0115

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$129907136
Outpatient Patient Service Revenue	\$434432882
Total Gross Patient Service Revenue	\$564340018

2. Deductions From Revenue

Contractual Allowance	\$319703146
Other Deductions	\$3141637
Total Deductions	\$322844783

3. Total Operating Revenue

Net Patient Service Revenue	\$241495235
Other Operating Revenue	\$4253419
Total Operating Revenue	\$245748654

4. Operating Expenses

Salaries and Wages	\$102527128	Employee Benefits	\$25127045
Depreciation and Amortization	\$12692583	Interest Expense	\$2386008
Bad Debt	\$13581611	Other Expenses	\$83196832
Total Operating Expenses	\$239511207		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6237447	Total Assets	\$268927861
Net Non-operating Gains over Loss	\$3181162	Total Liabilities	\$73584149

Total Net Gains	\$9418609
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$264273245	\$189445293	\$74827952
Medicaid	\$59057331	\$39496076	\$19561255
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$241009442	\$90761777	\$150247665
Total	\$564340018	\$319703146	\$244636872

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1503189	\$1689175	\$-185986

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$643591	\$536173	\$107418

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	276266
Number of Citizens Exposed to Health Education Messages	150000

Statement Six: Charity Statement

Hospital Charity Charges	\$3089827
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$864870	
HCI Payments	\$0		
Subtotal	\$0	\$864870	\$-864870
Medicaid Shortfalls	\$3329971	\$1769657	
Subtotal	\$3329971	\$2634527	\$695444
DSH Payments	\$0		
Subtotal	\$3329971	\$2634527	\$695444
Medicare Shortfalls	\$49170880	\$58902135	
Other Government Programs	\$0	\$0	
Total	\$52500851	\$61536662	\$-9035811

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$4803796	\$5303077	\$-499281
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$199909	\$-199909
Other Allocations	\$0	\$0	\$0

Comments

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